## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 30, 2001 8:00 am Secretary of State **DOCUMENT # K90071** WOLFSON & KONIGSBURG, P.A. 01-30-2001 90078 026 \*\*\*150.00 Mailing Address Principal Place of Business 4491 S. STATE ROAD 7 4491 S. STATE ROAD 7 SUITE 314 SUITE 314 PADTTOL® DAVIE FL 33314 DAVIE FL 33314 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2535658 Not Applicable \$8.75 Additional Country Zip Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KONIGSBURG, ALAN H -Street Address (P.O. Box Number is Not Acceptable) 4491 S. STATE ROAD 7 SUITE 314 DAVIE FL 33314 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change DST Delete TITLE TITLE WOLFSON, ANDREA L. NAME STREET ADDRESS 4491 S. S.R. 7, STE 314 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL Change ☐ Addition PD TITLE ☐ Delete TITLE KONIGSBURG, ALAN H. NAME NAME STREET ADDRESS 4491 S. S.R. 7, STE 314 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an another, and the proposed of the corporation or the receiver of trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an another of the corporation of the corporatio

SIGNATURE: 🗻